

ranging in size from 34 to 511 (a total of about 1,200 beds). St. John's Hospital medical staff and Greene County Medical Society are coordinating activities with 3 local hospitals in Springfield.

5. Automated Electrocardiography in a Rural Area: Direct Cost, \$369,000

To provide hospitals and physicians in rural areas with automated facilities for transmitting electrocardiograms and an automated system for analyses of ECG's; to demonstrate the feasibility of such systems where this service is limited or non-existent, and to develop, test and implement the use of bioengineering signals as an aid in diagnosis.

6. Operations Research and Systems Design: Direct Cost, \$39,055

To develop systems concerned with testing "early detection" hypothesis—develop operational methods of early detection tests for a large rural population.

MOUNTAIN STATES REGIONAL MEDICAL PROGRAM

Operational activity in the Mountain States Region is specifically designed to benefit small hospitals in rural areas and to train health professionals from rural areas.

Operational Projects

1. Intensive Coronary Care in Small Hospitals in the Region: Direct Cost, \$206,913

Hospitals in the region will send registered nurses into St. Patrick's Hospital, Missoula, Montana, for coronary care training. This three-week course will be offered three times a year for 21 nurses, and there will be follow-ups at the home hospitals four times a year. In addition, a 4-day training program especially designed for small town physicians will be held at the University of Montana four times a year.

NORTH CAROLINA REGIONAL MEDICAL PROGRAM

In North Carolina there are 10 funded operational projects all of which have a direct effect upon hospitals, health professionals, and patients in rural areas. Some are concerned with education and training of physicians and allied health personnel, and others with patient care. All of them are designed to bring the latest scientific advances down to the community level. The projects are listed as follows:

Operational Projects

1. Education and research in community medical care—direct cost, \$209,200

To develop resources for training more medical and allied medical students; to provide new types of educational experiences which will make family practice more attractive; to have a postgraduate education program at the medical school; to strengthen ties between the medical school faculty and practicing physicians; and to have the medical school become involved in community planning for improving the quality and availability of medical care. Affected by this project are the following groups: the University Community; the Caswell County Rural Health Services Project; the Regional Health Council of Eastern Appalachia, Inc.; the State of Franklin Health Council, Inc.; the Charlotte Memorial Hospital; the Moses Cone Memorial Hospital, Greensboro; and the Dorothea Dix Neuromedical Service.

2. Coronary care training and development—direct cost, \$55,938

To use the project as a medium for developing cooperative arrangements among the various elements in the health care community. Initial and continuing education will be provided to nurses and physicians in community hospitals, consultation will be available to hospitals in establishing CCU's, and a computer-based system of medical record keeping will be developed. This project has led to new working arrangements: (1) between the university medical centers; (2) between medical and nurse educators; (3) between doctors and nurses in community hospitals; (4) between university medical centers and community hospitals.

3. Diabetic consultation and educational services—direct cost, \$132,081

To establish three medical teams to deliver services throughout the state; to assist in expansion of diabetic consultations and teaching clinics; to provide